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PE	TITION	FOR EXTEN	SION OF TIME UNDER	Docket Number (Optional)								
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified												
The requested exension and fee are as follows (check time period desired and enter the appropriate fee below):												
		One month (3	7 CFR 1.17(a)(1))	\$110	Small Entity Fee \$55	\$						
		Two months (37 CFR 1.17(a)(2))	\$430	\$215	•						
	8	Three months	(37 CFR 1.17(a)(3))	\$980 .	\$490	5 490 -						
		Four months (37 CFR 1.17(B)(4))	\$1530	\$765							
		Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	•						
8	Applica		entity status. See 37 CFF	R 1.27	7.000	3						
A check in the amount of the fee is enclosed.												
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I am the policant/inventor.												
assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).												
attorney or agent of record. Registration Number												
Company of attent under 37 CFR 1.34.												
The state of the s												
-		10001	Signature	<u> November</u>	23,2004							
Kendyl A. Raman												
		7	yped or printed name		Telephone	59-9517						
NOTE: Signatures of all the inventors or easignose of record of the crafte interest or their representative(s) are required. Submit multiple brins if more than one												
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USPTO to process) an application. Confidentially is governor by 37 CFM 1.13t(a). The information is required to obtain or retain a benefit by the public which is to file (and by the compete, including patheting, preparing, and submitting the completed expiration form to the USPTO. Three shit stay depending upon the individual case. Any U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED

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Ellactive 10/01/2004. Patent fees are subject to ennuel revision	First Named Inventor		Inventor							
	Examiner Name				Kendyl A. Roman					
Applicant claims small entity status. See 37 CFR 1.27	Art Unit				2613					
TOTAL AMOUNT OF PAYMENT (\$) 490 -		Attorney Docket No.								
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
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